

DUE DATE:

Please Read Instructions:

TRANSCRIPT ORDER

| | | | | | | |
|--|--|-------------------------------------|----------------------|---|---|--|
| 1. NAME Cathy Greer | | | | 2. PHONE NUMBER (302) 485-3916 | 3. DATE 9/26/2022 | |
| 4. DELIVERY ADDRESS OR EMAIL cgreer@mwe.com | | | | 5. CITY Wilmington | 6. STATE DE | 7. ZIP CODE 19801 |
| 8. CASE NUMBER 22-90273 | | 9. JUDGE Marvin Isgrur | | DATES OF PROCEEDINGS 10. FROM 9/23/2022 | | |
| 12. CASE NAME Compute North Holdings, Inc. | | | | LOCATION OF PROCEEDINGS 13. CITY Houston | | |
| 15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL | | | | <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL | <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS | <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) | | | | | | |
| PORTIONS | | DATE(S) | | PORTION(S) | DATE(S) | |
| <input type="checkbox"/> VOIR DIRE | | | | <input type="checkbox"/> TESTIMONY (Specify Witness) | | |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff) | | | | | | |
| <input type="checkbox"/> OPENING STATEMENT (Defendant) | | | | | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff) | | | | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Spcy) | | |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant) | | | | | | |
| <input type="checkbox"/> OPINION OF COURT | | | | | | |
| <input type="checkbox"/> JURY INSTRUCTIONS | | | | <input checked="" type="checkbox"/> OTHER (Specify) | 9/23/2022 | |
| <input type="checkbox"/> SENTENCING | | | | | | |
| <input type="checkbox"/> BAIL HEARING | | | | | | |
| 17. ORDER | | | | | | |
| CATEGORY | ORIGINAL (Includes Certified Copy to Clerk for Records of the Court) | FIRST COPY | ADDITIONAL COPIES | NO. OF PAGES ESTIMATE | COSTS | |
| ORDINARY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | | |
| 14-Day | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | | |
| EXPEDITED | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | | |
| 3-Day | <input type="checkbox"/> | <input checked="" type="checkbox"/> | NO. OF COPIES | | | |
| DAILY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | | |
| HOURLY | <input type="checkbox"/> | <input type="checkbox"/> | NO. OF COPIES | | | |
| REALTIME | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional). | | | | ESTIMATE TOTAL | 0.00 | |
| 18. SIGNATURE /s/ Cathy Greer | | | | PROCESSED BY | | |
| 19. DATE 9/26/2022 | | | | PHONE NUMBER | | |
| TRANSCRIPT TO BE PREPARED BY | | | | COURT ADDRESS | | |
| ORDER RECEIVED | | DATE | BY | | | |
| DEPOSIT PAID | | | | DEPOSIT PAID | | |
| TRANSCRIPT ORDERED | | | | TOTAL CHARGES | 0.00 | |
| TRANSCRIPT RECEIVED | | | | LESS DEPOSIT | 0.00 | |
| ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT | | | | TOTAL REFUNDED | | |
| PARTY RECEIVED TRANSCRIPT | | | | TOTAL DUE | 0.00 | |